PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence adultses as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address, and/or (b) indicating a separate *FEE ADDRESS* for maintenance fee notifications

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11/14/2008 32047

GROSSMAN, TUCKER, PERREAULT & PFLEGER, PLLC 55 SOUTH COMMERICAL STREET MANCHESTER, NH 03101

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 07/14/2003 Steven J. Tallarida STD 00 01 CIPD 5876 TITLE OF INVENTION: SYSTEM AND METHOD FOR JOINT RESURFACE REPAIR

APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$300	\$0	\$1055	02/17/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS]			
PHILOGENE, PEDRO		3733	606-102000	-			
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.53). Change of correspondence address (or Change of Correspondence Address from PTOSB 12.2) attached. J Fee Address" indication (or "Fee Address" Indication form PTOSB 47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered theoremy or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be pranted.		era 2 <u>Perrea</u>	Grossman Tucker 2 Perreault & Pfleger 3 PLLC	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Franklin, Massachusetts ArthroSurface, Inc.

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted:

Issuc Fee A check is enclosed. Publication Fee (No small entity discount permitted) XX Payment by credit card. Form PTO-2038 is attached.

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